

## CAUSES OF PREMATURE BIRTH

*Isabaeva Sevinch**1st year Master's student**O.S. Yuldasheva**Scientific supervisor, decent**2nd Department of Obstetrics and gynecology**Andijan State Medical Institute*

**Objective:** To examine the structure and causes of premature birth.

**Materials and methods.** We retrospectively analyzed 31 birth histories of women who delivered prematurely at the 2nd Andijan City Clinical Maternity Hospital from February 2017 to April 2018. Analysis of the obtained results was carried out using Fisher-Student variation statistics with determination of the proportion (p,%) and the standard error of the proportion (Sp,%).

**Results and discussion:** Very early preterm births at 22-27 weeks gestation were 2 (6.45±4.41%), early preterm births (28-33 weeks gestation) - 5 (16.13±6.61%) and preterm births at 34-37 weeks gestation - 24 (77.42±41.81%). The average gestational age was 34.48±3.08 weeks. The mean age of the examined women was 25.9±5.25 years. 22 (70.97±8.15%) women underwent operative delivery, with indications being premature placental abruption in 9 (40.91±10.48%), premature rupture of membranes combined with obstetric pathology (breech presentation, moderate preeclampsia, previous uterine surgery, etc.) in 6 (27.27±9.5%), moderate to severe preeclampsia unresponsive to medical therapy in 4 (18.18±8.22%), and footling presentation, monochorionic twins, and fetal growth restriction with progressive fetoplacental blood flow impairment despite medical therapy in 1 (4.55±4.44%) each. Of the 9 (29.03±8.22%) women who delivered vaginally, 8 (88.89±10.48%) had premature rupture of membranes and 1 (11.11±10.48%) had breech presentation. The average newborn weight and length were 2188.59±506.27 g and 44.97±5.9 cm, respectively. Thus, the most frequent causes of premature birth were premature rupture of membranes in 14 (45.16±8.94%) women and premature placental abruption in 9 (29.03±8.22%).

**Conclusion:** Analysis showed that the most common causes of premature birth were: Premature rupture of membranes - 14 women (45.16±8.94%); Premature placental abruption - 9 women (29.03±8.22%).

The predominance of late preterm births (34-37 weeks) highlights the importance of timely diagnosis and monitoring of pregnant women in high-risk groups. The findings underscore the need for prevention of premature rupture of membranes and obstetric complications to reduce the rate of preterm births and improve perinatal outcomes.